10/046175

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		x $ 25 =		OR	x $ 50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		x $ 100 =		OR	x $ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $ 180 =		OR	+ $ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

9/15/06 CLAIMS AS AMENDED – PART II

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	29	Minus	** 29	= 0	x $ 25 =		OR	x $ 50 =	
	Independent (37 CFR 1.16(b))	4	Minus	*** 4	= 0	x $ 100 =		OR	x $ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ 180 =		OR	+ $ 360 =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

3-29-07

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	34	Minus	** 29	= 5	x $ 25 =		OR	x $ 50 =	250
	Independent (37 CFR 1.16(b))	4	Minus	*** 3	= 1	x $ 100 =		OR	x $ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ 180 =		OR	+ $ 360 =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

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AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))		Minus	**	=	x $ 25 =		OR	x $ 50 =	
	Independent (37 CFR 1.16(b))		Minus	***	=	x $ 100 =		OR	x $ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $ 180 =		OR	+ $ 360 =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2